

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2006
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MEMPHIS N	IANAGED CARE C	ORPORATION
NAIC Group Code <u>0000</u> , <u>2005</u>	NAIC Company Code 00000	Employer's ID Number 621539163
(Current Period) (Prior Period)		
Organized under the Laws of TENNESSEE	, State of Do	omicile or Port of Entry Tennessee
Country of Domicile US		
Licensed as business type:		
Life Accident and Health [] Dental Service Corporation [] Health Maintenance Organization [X] Is HMO Feder	Property/Casualty [] Vision Service Corporation [] rally Qualified? Yes (X) No ()	Hospital, Medical and Dental Service or Indemnit Other []
Incorporated July 7, 1993	Commenced Bus	iness January 1, 1994
Statutory Home Office 1407 Union Ave. Suite 200, Memphis, Tennessee	38104	
	(Street and Number, City or Town, St	
Main Administrative Office _1407 Union Ave. Suite 200, Memphis, Tenness	see 38104 Street and Number, City or Town, State and Zip	901-725-7100 Code) (Area Code) (Telephone Numbe
Mail Address 1407 Union Ave. Suite 200, Memphis, Tennessee 38104		
	(Street and Number, City or Town, State a	and Zip Code)
Primary Location of Books and Records 1407 Union Ave. Suite 200, N		v or Town, State and Zip Code)
<u>901-725-7100</u> (Area Code) (Teleph		or rown, state and zip code)
, , , ,	one (quinber)	
Internet Website Address www.mmcc-tlc.com		
Statutory Statement Contact Cheryll A. Miller	(Name)	901-725-7100 (Area Code) (Telephone Number) (Extension
cmiller@mmcc-tlc.com	ail Address)	901-405-7802
Policyowners 1407 Union Ave. Suite 200, Memphis, Tennessee 38104	City or Town, State and Zip Code)	(Fax Number) 901-725-7100 (Area Code) (Telephone Number) (Extension)
Phone Number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	OFFICERS 1. AL KING (President) 2. STEVEN BURKETT (Chairma	n)
	VICE PRESIDENTS	
	Jeff Brandon Steven Burkett Barry Fowler Brenda Jetter Al King Veronica Mallett, Dr. Stuart Polly, Dr. Andy Spooner, Dr. Bruce Steinhauer, Dr.	EES
State ofTennessee		
County of SHELBY SS		
absolute property of the said reporting entity, free and clear from any liens or claims annexed or referred to, is a full and true statement of all the assets and liabilities and	s thereon, except as herein stated, and that this d of the condition and affairs of the said reporting al Statement Instructions and Accounting Practic	y, and that on the reporting period stated above, all of the herein described assets were a statement, together with related exhibits, schedules and explanations therein contained gentity as of the reporting period stated above, and of its income and deductions therefores and Procedures manual except to the extent that: (1) state law may differ; or, (2) titheir information, knowledge and belief, respectively.
D. 1/.	Maria 103	15V
ÄL KING President	STEVEN BRUKETT Chairman	uen
	JEN JEN	

a. Is this an original filing?

b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

Yes (X) No ()

NOTARY PUBLIC (Seal)

MY COMMISSION EXPIRES FEB. 12, 2008

PUBLIC

ASSETS

		Current Statement Date		4	
		1	2	3 Net Admitted	
		Assets	Nonadmitted Assets	Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1.	Bonds	18,241,112		18,241,112	17,364,710
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens	1			
4.	Real estate:				
	4.1 Properties occupied by the company (less \$ encumbrances)				
	4.2 Properties held for the production of income (less \$encumbrances)	l			
	4.3 Properties held for sale (less \$encumbrances)	1			
5.	Cash (\$ 6 307 372) cash equivalents (\$				
	and short-term investments (\$				
6.	Contract loans (including \$premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	1			
10.	Subtotals, cash and invested assets (Line 1 to Line 9)	25,927,132		25,927,132	23,355,966
11.	Title plants less \$				
12.	Investment income due and accrued	151,493		151,493	165,141
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans	7,912,456		7,912,456	4,730,908
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	476,251	476,251		563,933
19.	Furniture and equipment, including health care delivery assets (\$)	158,763	158,763		35,621
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	310,079	28,078	282,001	
22.	Health care (\$) and other amounts receivable	1 1			
23.	Aggregate write-ins for other than invested assets	971,728	971,728		
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	36,022,909	1,749,827	34,273,082	28,851,569
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	l I			
26.	Totals (Line 24 and Line 25)	36,022,909	1,749,827	34,273,082	28,851,569
0901.	S OF WRITE-INS				
0902. 0903.					
0998. 0999.	Summary of remaining write-ins for Line 9 from overflow page Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	1			
2302.	Prepaid Expenses				i
2303. 2398.	Summary of remaining write-ins for Line 23 from overflow page		· · · · · · · · · · · · · · · · · · ·		
2399.	Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	971,728	971,728	***************************************	

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves.				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve.				
7.	Aggregate health claim reserves				
8.	Premiums received in advance.				
9.	General expenses due or accrued	1,341,241		1,341,241	2,313,260
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.2	Net deferred tax liability.				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated.	1		i l	
14.	Borrowed money (including \$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15.	Amounts due to parent, subsidiaries and affiliates	192,951		192,951	
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$authorized reinsurers and \$unauthorized reinsurers).				
18.	Reinsurance in unauthorized companies.				
19.	Net adjustments in assets and liabilities due to foreign exchange rates.		•••••		
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$				
22.	Total liabilities (Line 1 to Line 21)	1,534,192		1,534,192	2,313,260
23.	Aggregate write-ins for special surplus funds.	xxx	XXX		
24.	Common capital stock	xxx	XXX		
25.	Preferred capital stock	xxx	XXX		
26.	Gross paid in and contributed surplus	xxx	XXX	3,699,498	3,699,498
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX	29,039,392	22,838,810
30.	Less treasury stock, at cost:				
	30.1	XXX	XXX		
	30.2	XXX	XXX		
31.	Total capital and surplus (Line 23 to Line 29 minus Line 30)	xxx	XXX	32,738,890	26,538,308
32.	Total Liabilities, capital and surplus (Line 22 and Line 31).	XXX	XXX	34,273,082	28,851,568
DETA	LS OF WRITE-INS				
2101. 2102.					
2103.	Summary of remaining write-ins for Line 21 from overflow page			1	
2199.	Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				• • • • • • • • • • • • • • • • • • • •
2301.		XXX	XXX		
2302. 2303.		XXX XXX	XXX XXX		
	Summary of remaining write-ins for Line 23 from overflow page Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	XXX XXX	XXX		
	(Ellie 20 durae)	^^^	XXX		
2801. 2802.		XXX	XXX		
2803. 2898.		XXX	XXX XXX		
2090. 2899.	Totals (Line 2801 through Line 2803 plus Line 2898), (Line 28 above)	XXX XXX	X X X X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year to Date	
		1	2	3	
		Uncovered	Total	Total	
1.	Member Months	XXX	1,544,787	1,706,525	
2.	Net premium income (including \$non-health premium income)	XXX			
3.	Change in unearned premium reserves and reserve for rate credits	XXX		·····	
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Line 2 to Line 7)	XXX			
Hospit 9.	al and Medical: Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area			*****	
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts			• • • • • • • • • • • • • • • • • • • •	
16.	Subtotal (Line 9 to Line 15)				
Less: 17.	Net reinsurance recoveries				
18.	Total hospital and medical (Line 16 minus Line 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 1,734,322 cost containment expenses			2,091,653	
21.	General administrative expenses		(7,848,182)	(6,354,336)	
22.	Increase in reserves for life and accident and health contracts (including \$increase in reserves for life only)				
23.	Total underwriting deductions (Line 18 through Line 22)		(4,481,835)	(4,262,683)	
24.	Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	4,481,835	4,262,683	
25.	Net investment income earned			550,802	
26.	Net realized capital gains (losses) less capital gains tax of \$				
27.	Net investment gains (losses) (Line 25 plus Line 26)			550,802	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses			813,735	
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	5,563,137	5,627,220	
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Line 30 minus Line 31)	XXX	5,563,137	5,627,220	
DET	AILS OF WRITE-INS				
0601 0602		X X X X X X			
0603 0698		XXX XXX			
0699	Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	XXX			
0701 0702		XXX			
0703 0798		XXX			
0799	Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X X X X			
1401 1402					
1403					
1498 1499		••••••			
2901	Other Revenue			813 735	
2902 2903	MRI Revenue		1 018 01		
2998 2999	Summary of remaining write-ins for Line 29 from overflow page		1		

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year to Date	Prior Year To Date	Prior Year
33.	Capital and surplus prior reporting year	26,539,158	21,118,907	21,118,938
34.	Net income (loss) from Line 32	5,563,137	5,627,221	7,972,686
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$, , , , , , , , , , , , , , , , , , ,		
37.	Change in net unrealized foreign exchange capital gain or (loss).			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	(628,750)	278,742	447,534
40.	Change in unauthorized reinsurance			,
41.	Change in treasury stock		,,	
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in	1	(3,000,000)	
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.			(3,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	1,266,197		
48.	Net change in capital and surplus (Line 34 to Line 47)	6,200,584	2,905,963	5,420,220
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	32,739,742	24,024,870	26,539,158
DET	AILS OF WRITE-INS			
4701	. AUDIT ADJUSTMENT	1,266,197		
4702				
4703				
4798	Summary of remaining write-ins for Line 47 from overflow page			
4799				

CASH FLOW

		1	2
			_, ,, _ , ,
		Current Year To Date	Prior Year Ended December 31
		10 Date	December 31
	Cash from Operations		
	Promises adjusted and of reinverse		
1. 2.	Premiums collected net of reinsurance Net investment income		
3.	Miscellaneous income		
		•	, <i>,</i>
1	Total (Line 1 through Line 3)	4 004 050	4 047 040
۳.	Total (Line 1 intough Line 3)	1,094,900	1,017,019
5.	Benefit and loss related payments		
6. 7	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions	(2 040 803)	2 162 040
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$net of tax on capital gains (losses)		
10.	Total (Line 5 through Line9)	(2 440 893)	3 162 048
		(2,410,000)	
4.4	Not seek from properties (I in A prince I in (0))	0.707.046	
15.	Net cash from operations (Line 4 minus Line 10)	3,535,843	(1,344,429)
	Cash from Investments		
12	Proceeds from investments sold, matured or repaid:		
12.	12.1 Bonds	3 410 707	3 107 NOR
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.6 Net gains or (losses) on cash, cash equivalants and short-term investments		
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)	3 410 707	3 107 008
13.			
	13.1 Bonds		
	13.3 Mortgage loans		
	13.4 Real estate		i
	13.5 Other invested assets		
	13.6 Miscellaneous applications	***************************************	
	13.7 Total investments acquired (Line 13.1 through Line 13.6)	5,665,845	17,358,313
14.	Net increase or (decrease) in contract loans and premium notes		
	· · · · · · · · · · · · · · · · · · ·		
15	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2.255.040)	(14, 161, 215)
10.	Not dead in the interest of the inc. of thinks being inc. in the i	(2,255,048)	(14,161,215)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	40. A. Mai danasta an danasti tura anatonata and attantana and attantana and a 1990		
	16.5 Dividends to stockholders		
		(964,679)	
			·
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(964 670)	3 334 005
	, , , , , , , , , , , , , , , , , , , ,	(007,070)	
	DECONOLITATION OF CACH CACH EQUIVALENTS AND CHOOT TERM IN POTATION		
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	316.116	(12.181.549)
10			(
19.	Cash, cash equivalents and short-term investments: 19.1 Beginning of year	E 004 0E0	40 470 005
Note	: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0			
20.0	***		
20.0		*************************	
20.0	005		
20.0	006		
20.0			
20.0			
20.0	010		
_			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (H	ospital and Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:		***************************************	1 0.004	Офрынын	- Ottoy	Only	TIOURIT BOTTOTT 1011	Woododie	Medicald		income	Care	Other
1. Prior Year	2,245,795								2,245,795				
2. First Quarter	518,118								' ' ' '				
3. Second Quarter	513,661								513.661				
4. Third Quarter	513,008								513,008				
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Period:													
7. Physician	163,495								163,495				
8. Non-Physician	6,058								6,058				
9. Total	169,553								169,553				
10. Hospital Patient Days Incurred	21,583								21,583				
11. Number of Inpatient Admissions	6,967								6,967				
12. Health Premiums Written							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned.													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

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STATEMENT AS OF SEPTEMBER 30, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid	Year to Date	Liability End of Current Quarter		5	6 Estimated Claim	
	1	2	3	4		Reserve and	
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Claim Liability December 31 of Prior Year	
1. Comprehensive (hospital and medical)							
2. Medicare Supplement							
3. Dental only							
4. Vision only							
5. Federal Employees Health Benefits Plan							
6. Title XVIII - Medicare							
7. Title XIX - Medicaid							
8. Other health							
9. Health subtotal (Line 1 to Line 8)	/ \						
10. Healthcare recievables (a)						Ī	
11. Other non-health		1					
12. Medical incentive pools and bonus amounts							
13. Totals							

(a) Excludes \$loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

- 9. No Change
- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. No Change.
 - B. No Change.
 - C. No Change.
 - D. At September 30, 2006 the company had \$282,002 due from Mid-South Health Solutions for Services rendered and \$28,078 due from the Med for Medcall and MRI Services.
 - E. No Change.
 - F. No Change.
 - G. No Change.
 - H. No Change.
 - I. The company owns 100% interest in Mid South Health Solutions, whose carrying value does not equal or exceed 10% of the admitted assets of Memphis Managed care Corporation. Memphis Managed Care Corporation carries Mid South Health Solutions a Non-Insurance company at GAAP Equity.

Based on Memphis Managed Care Corporation ownership percentage of Mid South Health Solutions a Non-Insurance Company, the statement value of Mid South Health Solutions, Non-Insurance Company assets and Liabilities as of September 30, 2006 were \$1,664,460 and \$285,587, respectively.

Memphis Managed Care Corporation's share of Net Income (Loss) of Mid South Health Solutions was (\$121,353) for the Quarter ended September 30, 2006.

- J. No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - C. Memphis Managed Care Corporation did not engage in any wash sales for the quarter Ending September 30,2006.
- 22. No Change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transaction Model Act?	ns requiring the filing of Disclosure of Material Transactions with	n the State of Domicile, a	s required by	the	Yes () No	o (X)				
1.2											
2.1											
2.2											
3.	If not previously filed, furnish herewith a certified copy of the instrument as amended. 3. Have there been any substantial changes in the organizational chart since the prior quarter end?										
٥.		, ,				Yes () No) (N)				
4.1	If yes, complete the Schedule Y - Part 1 - organizational chart. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes										
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.										
		1	2		3	\neg					
		Name of Entity	NAIC Company Co	de State	e of Domicile						
	- AND										
5.	If the reporting entity is subject to a management agreeme have there been any significant changes regarding the term	nt, including third-party administrator(s), managing general ag ns of the agreement or principals involved?	gent(s), attorney-in-fact,	or similar ag	reement,	Yes () No	o () N/A ()				
	If yes, attach an explanation.										
6.1	State as of what date the latest financial examination of the	e reporting entity was made or is being made.				06/30/2005					
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.										
6.3	This is the release date or completion date of the examinat	t became available to other states or the public from either the ion report and not the date of the examination (balance sheet of	state of domicile or the ralate) .	eporting entity	/ .	03/24/2006					
6.4	By what department or departments?										
	TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE, T	ENNCARE DIVISION									
7.1	Has this reporting entity had any Certificates of Authority, ligovernmental entity during the reporting period? (You need agreement.)	censes or registrations (including corporate registration, if appl not report an action, either formal or informal, if a confidentiali	icable) suspended or rev ty clause is part of the	oked by any		Yes () No	o (X)				
7.2	If yes, give full information										
	Is the company a subsidiary of a bank holding company regu	•				Yes () No	(X)				
8.2	If response to 8.1 is yes, please identify the name of the ba	nk holding company.									
8.3	Is the company affiliated with one or more banks, thrifts or	securities firms?				Yes () No) (X)				
8.4	[i.e. the Federal Reserve Board (FRB), the Office of the C	nd location (city and state of the main office) of any affiliates re omptroller of the Currency (OCC), the Office of Thrift Supervis	egulated by a federal reg sion (OTS), the Federal	ulatory servic Deposit Insur	es agency ance	(,	. ,				
	Corporation (FDIC) and the Securities Exchange Commissi	on (SEC)] and identify the affiliate's primary federal regulator.									
	1	2	3 4	5	6	7					
	Affiliate Name	Location (City, State)	FRB OCC	OTS	FDIC	SEC					
							_				
	L			l			J				
		FINANCIAL									
),1	Does the reporting entity report any amounts due from paren					V /// 11	/ \				
	If yes, indicate the amounts receivable from parent included in	·				Yes (X) No					
۱ ــ	ii 700, indicate the amounts receivable from parent ilicidded i	n mo r ago z amount.			ð ,						

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

0.1 Has there been any change in the reporti	ing entity's own preferred or com	mon stock?			Yes () No (X)			
0.2 If yes, explain								
					••••			
	assets of the reporting entity loa			erwise made available for use by another person?	Yes () No (X)			
.2 If yes, give full and complete information	relating thereto:							
. Amount of real estate and mortgages hel	ld in other invested assets in Sch	nedule RA:			\$			
Amount of real estate and mortgages hel		ledule DA.			\$			
	oes the reporting entity have any investments in parent, subsidiaries and affiliates?							
.2 If yes, please complete the following:	arrone ar parone, cabolalarios ar	a armatoo.			Yes () No (X)			
, peace compare no coorning				1 Prior Year-End Book <i>l</i> Adjusted Carrying Value	2 Current Quarter Statement Value			
14.21 Bonds 14.22 Preferred Stock 14.23 Common Stock 14.24 Short-Term Investments 14.25 Mortgage Loans on Real Estat 14.26 All Other 14.27 Total Investment in Parent, St	te ubsidiaries and Affiliates (Subtot	al Line 14.21 to Line 14.26)		\$ \$ \$ \$ \$	\$ \$ \$ \$			
	luded in Line 14.21 to Line 14.26			··· • • • · · · · · · · · · · · · · · ·	\$			
.1 Has the reporting entity entered into any.2 If yes, has a comprehensive description			ary etato?		Yes () No (X)			
If no, attach a description with this state		ide avaliable to the domicilia	ny state?		Yes () No ()			
•	te, mortgage loans and investmes, owned throughout the currer IV.H-Custodial or Safekeeping.			fices, vaults or safety deposit boxes, t with a qualified bank or trust company in examiners Handbook? the following:	Yes () No (X)			
1 Name of Custodi	ian(s)		**************************************	2 Custodian Address				
1		2	ers Handbook, pr	ovide the name, location and a complete explanation				
Name(s)		Location(s)		Complete Explar	ation(s)			
.3 Have there been any changes, including.4 If yes, give full and complete information		ı(s) identified in 16.1 during	the current quart	er?	Yes () No (X)			
1	2	3 Date		4				
Old Custodian	New Custodian	of Change		Reason				
.5 Identify all investment advisors, brokers/ on behalf of the reporting entity:	dealers or individuals acting on l	behalf of brokers/dealers th	at have access to	the investment accounts, handle securities and ha	ve authority to make investments			
1 Central Registration Dep	pository	2 Name (s)		3 Address				
			• • • • • • • • • • • • • • • • • • • •					
1.1 Have all the filing requirements of the Put1.2 If no, list exceptions:	rposes and Procedures Manual o	of the NAIC Securities Valua	ation Office been f	ollowed?	Yes (X) No ()			

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Increase (decrease) by adjustment 3. Cost of acquired 4. Cost of additions to and permanent improv 5. Total profit (loss) on sales 6. Increase (decrease) by foreign exchange 7. Amount received on sales 8. Book/adjusted carrying value at end of cu 9. Total valuation allowance 10. Subtotal (Line 8 plus Line 9) 11. Total nonadmitted amounts 12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year To Date	2 Prior Year Ended December 31
3. 4. 5. 6. 7. 8. 9. 10.	Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during t Amortization of premium Increase (decrease) by foreign exchange Book value/recorded investment excluding Total valuation allowance Subtotal (Line 9 plus Line 10)		
12. 13.	Total nonadmitted amounts		

SCHEDULE BA - VERIFICATION

Other Invested Assets

·		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period: 2.1. Actual cost at time of acquisitions 2.2. Additional investment made after acquisitions	1,500,000	
3.	ACCIUAL OI DISCOUNT		
4. 5.	Increase (decrease) by adjustment	(121,353)	
6.	Total profit (loss) on sale . Amounts paid on account or in full during the period		
8.	Amortization of premium Increase (decrease) by foreign exchange adjustment		
9. 10	Book/adjusted carrying value of long-term invested assets at end of current period	I 1.378.647	
11.	Total valuation allowance Subtotal (Line 9 plus Line 10)	1,378,647	
12. 13.	Total nonadmitted amounts	l	
	Tallow to large some interest access at one of our one period (1 ago 2, Linto 1, Outsilli o)	1,070,047	

SCHEDULE D - VERIFICATION

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	Date	2 Prior Year Ended December 31
11. Subtotal (Line 9 plus Line 10) 18.3	,364,710 ,186,263	
11. Subtotal (Line 9 plus Line 10) 18.3		
11. Subtotal (Line 9 plus Line 10) 18.3	,309,990	
	241, 112	17 364 710
12. Total nonadmitted amounts		1 1

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 2. Class 2	17,614,695	4,287,198	1 ' '		16,031,398			
3. Class 3. 4. Class 4. 5. Class 5. 6. Class 6.								
7. Total Bonds.	17,614,695	4,287,198	3,635,000	(25,781)	16,031,398	17,614,695	18,241,112	17,364,710
PREFERRED STOCK				1 44 + 1, 1				
8. Class 1. 9. Class 2. 10. Class 3. 11. Class 4. 12. Class 5. 13. Class 6.								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock.	17,614,695	4,287,198						17,364,710

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals		IONE			
520000					

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired	***************************************	
3. Increase (decrease) by adjustment		
4. Increase (decrease) by foreign exchange ad		
5. Total profit (loss) on disposal of short-term ii		
6. Consideration received on disposal of short-t		
Consideration received on disposal of short-t Book <i>l</i> adjusted carrying value, current peric		
8. Total valuation allowance		
9. Subtotal (Line 7 plus Line 8)		
10. Total nonadmitted amounts		
11. Statement value (Line 9 minus Line 10)		
12. Income collected during period		
13. Income earned during period		

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

	Replicate			Components of the Replicated (Synthetic) Asset							
1	2	3	4	5	Derivative Instruments Open			Cas	sh Instrument(s) Held		
					6	7	8	9	10	11	12
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description

ᇬ

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second	Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10	
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	
1. Beginning Inventory											
2. Add: Opened or Acquired Transactions	• • • • • • • • • • • • • • • • • • • •										
Add: Increases in Replicated Asset Statement Value	XXX						XXX		XXX		
4. Less: Closed or Disposed of Transactions											
5. Less: Positions Disposed of for Failing Effectiveness Criteria											
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	xxx						XXX		XXX		
7. Ending Inventory											

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5
NAIC Company	Federal ID			Is Insurer Authorized?
Code	Number	Name of Reinsurer	Location	(Yes or No)

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	2	Direct Business Only Year to Date					
	States, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed ? (Yes or No)	3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Propert Casual Premiur
	Alabama								
	Alaska								
	Arkansas AF								
	California								
	Colorado		.,	 					
	Connecticut								
	Delaware								
	District of Columbia DC Florida FL			· · · · · · · · · · · · · · · · · · ·					
	Georgia								
	Hawaii								
	ldaho								
	IllinoisL						, ,		
	IndianaIN					····			
	lowa								[
	Kentucky KY								l
	LouisianaLA					I			I
	Maine ME								
	Maryland MD								
	Massachusetts								<i>.</i>
	Michigan								
	Mississippi MS								
	Missouri MC								
	Montana MT								
	Nebraska NE								
	Nevada								
	New Hampshire	1	1		l				
	New Jersey						• • • • • • • • • • • • • • • • • • • •		
	New York.						*******		
	North Carolina								
	North Dakota								
	Ohio								
	Oregon.								
	Pennsylvania		•						
	Rhode Island								
	South Carolina					[
	South DakotaSD								
	Tennessee								
	Texas								
	VermontVT								
	virginiaVA								
	WashingtonWA								
	West Virginia WV					,			
	Wisconsin	1							
	Wyoming								
	GuamGU								• • • • • • • • • •
	Puerto RicoPR								
	J.S. Virgin Islands VI								
	Northern Mariana Islands MP								
	Canada			· · · · · · · · · · · · · · · · · · ·					
	Aggregate Other Allen	XXX XXX	XXX						
	Reporting entity contributions for Employee Benefit Plans	xxx	xxx						
	Total (Direct Business)	XXX	(a)						
_								,	
	OF WRITE-INS	•							
	Summary of remaining write-ins for Line 58 from overflow page		I	l l		l l			
	Summary of remaining write-ins for Line 58 from overflow page								

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

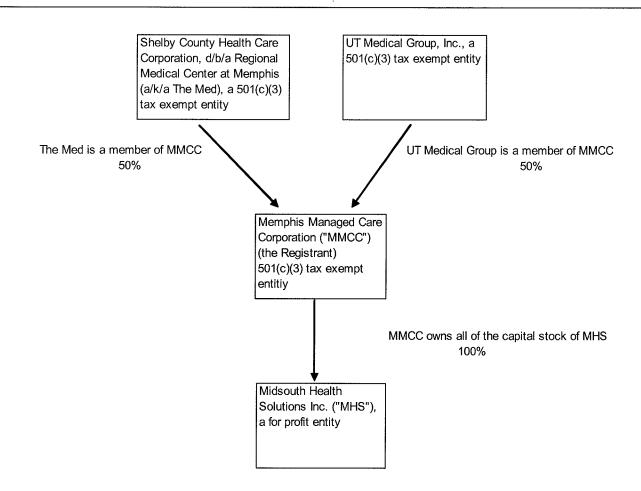
All entity members of a Holding Company Group that have acquired and/or disposed of any domestic entity (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL LISTING

1	2	3	4	5	6
NAIC Group Code	Group Name	NAIC Company Code	State of Domicile	FEI Number	Name of Company
	GROUP INC. & REGIONAL MEDICAL				IPHIS MANAGED CARE INC. SOUTH HEALTH SOLUTIONS

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1		ation	4	5	6	7	8	9
	2	3	Doto			A f	Book / Adjusted Carrying	Expended for Additions and
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Value Less Encumbrances	Permanent Improvements

SCHEDULE A - PART 3

Showing All Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales under Contract"

1	Loca	ation	4	5	6	7	8	9	10	11	12	13	14	15	16
Description of Property	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment		Expended for Additions, Permanent Improvements and Changes in Encumbrances		Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred

SCHEDULE B - PART 1

Showing All Mortgage Loans ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
	2	3					Book Value/Recorded Investment	Increase	Increase (Decrease) by	Value of Land	Date of Last
Loan Number	City	State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Excluding Accrued Interest	(Decrease) by Adjustment	Foreign Exchange Adjustment	and Buildings	Date of Last Appraisal or Valuation

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1			4	5	_6	7	8	_ 9	10	11	12	13
	Loca	ition			Book Value/Recorded		Increase	Book Value/Recorded				
	2	3			Investment	Increase	(Decrease)	Investment		Foreign		
				Date	Excluding	(Decrease)	by Foreign	Excluding Accrued Interest	Consideration	Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss)
Loan Number	City	State	Loan Type	Acquired	Accrued Interest Prior Year	Adjustment	Exchange Adjustment	at Disposition	Received	on Sale	on Sale	on Sale

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2			5	6	7	8	9	10	11	12	13	14	15	16
		Location 3	on 4			Date	Type			Book/Adjusted Carrying Value		Increase (Decrease)	Increase (Decrease) By Foreign	Commitment	Porcontago
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Originally	and Strategy	Actual Cost	of	Less Encumbrances	Fair Value	by Adjustment	Exchange Adjustment	Additional Investment	Percentage of Ownership

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Locati	on	5	6	7	8	9	10	11	12	13	14	15
CUSIP Identification	Name or Description	3 City	4 State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/Adjusted Carrying Value less Encumbrances on Disposal		Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
912828-FP-0	u.S. TREASURY U.S. TREASURY U.S. TREASURY		08/17/2006	FIRST TENNESSEE SECURITIES		100 . 133			
3133XG-3V-4 3133XG-DS-0 3133XG-DS-0 3137EA-AH-2 31331S-JK-0 31331S-NF-6	FEDERAL HOME LOAN BANK FEDERAL FARM CREDIT BANK		07/26/2006 08/01/2006 08/01/2006 09/15/2006 07/06/2006 08/17/2006	G.X. CLARKE COMPANY G.X. CLARKE & COMAPANY		500,280 195,000 500,000 499,480 95,940	500,000.00 195,000.00 500,000.00 500,000.00		
38143U-AA-9 59018Y-NZ-0 87612E-AJ-5 38143U-AA-9 4599999 - Subtotal	and Miscellaneous (Unaffiliated) GOLDMAN SACHS MERRIL LYNCH & CO. INC. TARGET CORP WACHOVIA CORP		08/09/2006 08/21/2006 09/12/2006	STERNE, AGEE, & LEACH, INC SCOTT & STRINGFELLOW INVESTMENT CORP. MORGAN STANLEY DW INC.		98,388 		933 985 252 2,816	
6099997 - Subtotal 6099999 - Subtotal	- Bonds - Part 3 - Bonds - Bon							5,498 5,498	
7499999 - TOTALS	5					4,287,198		5,498	

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold , Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In	Book/Adjusted Carry	ring Value	16	17	18	19	20	21	22 NAIC
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	Impairment 1	Total Change in Exchange in Exchange in (11+12-13) B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	Designa- tion or Market Indi- cator (a)
912828-BF-6 0399999 - Sub	U.S. TREASURY		08/15/2006	AMSOUTH BANKSUNTRUST BANK		1.415.000	250,000.00 1,415,000.00 1,665,000.00				428			1,415,000				33,606	08/15/2006 08/15/2006	
3133X1-4N-4 3133XC-MU-4 31359M-S7-9	her Governments FEDERAL HOME LOAN BANK FEDERAL HOME LOAN BANK FEDERAL NATIONAL MORTGAGE ASSOCIATION total - Bonds - All Other Governments.		08/01/2006 09/19/2006	SUNTRUST BANKSUNTRUST BANKSUNTRUST BANK.		605,000	. 215,000.00 . 605,000.00 . 550,000.00 1,370,000.00	550,000	604,605		395			605,000				22,183	09/15/2006 08/01/2006 07/16/2006	
002824-AM-2 025816-AN-9 125581-AG-3 172967-BH-3 693476-AR-4 931142-BN-2	trial and Miscellaneous (Unaffiliated) ABBOTT LABS. AMERICAN EXPRESS CO. CITI GROUP INC. CITI GROUP INC. PNC FUNDING CORP. WALMART STORES. total - Bonds - Industrial and Miscellaneou		09/12/2006 09/29/2006 08/09/2006 08/01/2006 08/01/2006	AMSOUTH BANK. AMSOUTH BANK. AMSOUTH BANK AMSOUTH BANK AMSOUTH BANK. AMSOUTH BANK. AMSOUTH BANK.		100,000 100,000 100,000 100,000	. 100,000.00 . 100,000.00 . 100,000.00 . 100,000.00 . 100,000.00 . 100,000.00 . 600,000.00	98,811 102,756 102,925	100,338		(55) (318) (338) (314)			100,000 100,000 100,000 100,000				2,704 1,438 2,750 2,875 2,725	09/12/2006 09/29/2006 08/09/2006 08/01/2006	
6099997 - Subt	total - Bonds - Part 4					3,635,000	3,635,000.00	3,638,281	2,867,206		2,794			3,635,000				84,785		
6099999 - Subt	total - Bonds					3,635,000	3,635,000.00	3,638,281	2,867,206		2,794			3,635,000				84,785		
74 99999 - TOT	ALS					3,635,000		3,638,281	2,867,206		2,794			3,635,000				84,785		

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index	Date of Acqui- sition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase/ (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description		Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index	Date of Issuance/Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase/ (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income

SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Year to Date Increase (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	· 7	8	9	Va	riation Margin Informat	ion	13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	Potential Exposure

STATEMENT AS OF SEPTEMBER 30 , 2006 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	1 Depository	2	3	4 Amount of	5 Amount of		Relance at End of h During Current Qu	
	Depository		Rate of	Interest Received During	Interest Accrued at Current	6	7	8
Name	Location and Supplemental Information	Code	Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month
Open Depositories Suntrust Amsouth Amsouth Amsouth Amsouth Amsouth Amsouth O199999 - TOTAL - Open Depositories	Suntrust-TN-Investment Amsouth-TN-Gen. Operating Amsouth-TN-Claims Amsouth-TN-Payroll Amsouth-TN-Escrow Cash Amsouth-TN-Trust					990, 198 7,347,436 (6,219,092) 1,026,560 4,261,752 7,406,854	2,029,672 7,934,881 (9,140,022) 1,411 14,000 9,282,319 10,122,261	2,313,340 2,810,797 (8,173,736) 236 28,865 9,327,270 6,306,772
0399999 - TOTAL Cash on Deposit						7,406,854	10,122,261	6,306,772
0499999 - Cash in Company's Office						600	600	600
0599999 - TOTALS						7,407,454	10,122,861	6.307.372

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Gross Investment Income

STATEMENT AS OF September 30, 2006 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted'	Admitted

STATEMENT AS OF September 30, 2006 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted	Admitted
0199999 Pharmaceutical Rebate Receivables						
0299999 Claim Overpayment Receivables						
0399999 Loans and Advances to Providers				90,000	90,000	
0499999 Capitation Arranngement Receivables				,	00,000	
0599999 Risk Sharing Receivables						
0699999 Other Receivables	-			25,007	25,007	
0799999 Gross Health Care Receivables	-	-	-	115,007	115,007	- -

STATEMENT AS OF September 30, 2006 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	t
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted'	7 Current	8 Non-Current
Med-MRI	0	0	0	25,078	25,078	0	0
Medplex	0	0	0	3,000	3,000	0	0
The Health Loop	0	0	0	0	0	0	0
Midsouth Health Solutions	282,002	0	0	0	0	282,002	0
01999999 Individual Listed Receivables	282,002	0	0	28,078	28,078	282,002	0
02999999 Receivables Not individually Listed 03999999 Total Gross amounts Receivable	282,002			28,078	28,078	282,002	0

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

Report #2A: TENNCARE OPERATIONS STATE		Previous Year	
	Current Year Current Year to Date		Frevious real
	Period	Total	Total
Member Months	(513,008)	1,544,787	2,246,795
REVENUES:	(313,000)	1,544,767	2,240,793
	01 000 111	242 500 625	267 076 072
1 TennCare Capitation 2 Investment	81,898,414	242,598,625	367,876,872
	378,848	967,146	864,208
3 Other Revenue	0	(0)	43,358
4 Total Revenue	82,277,262	243,565,771	368,784,439
EVDENCEC.			
EXPENSES:			
Medical and Hospital Services	0.770.040	0.054.000	40 005 470
5 Capitated Physician Services	2,770,613	9,351,909	12,205,478
6 Fee for Service Physician Services	33,214,936	107,864,877	93,556,322
7 Inpatient Hospital Services	40,369,059	108,200,412	90,584,074
8 Outpatient Services	84,106	86,325	138,972
9 Emergency Room Services	5,779,590	17,918,674	27,868,700
10 Mental Health Services	13,445	23,744	17,119
11 Dental Services			
12 Vision Services	645,137	1,485,024	1,926,889
13 Pharmacy Services	-	-	2,511
14 Home Health Services	1,843,300	4,448,608	3,589,644
15 Chiropractic Services		-	
16 Radiology Services	406,230	955,904	5,275,687
17 Laboratory Services	2,289,005	5,814,991	10,909,636
18 Durable Medical Equipment Services	84,611	240,171	928,798
19 Transportation Services	1,027,514	2,982,941	4,043,600
20 Outside Referrals	-	-	-
21 Medical incentive Pool and Withhold Adjustments	-	-	-
22 Occupancy Depreciation and Amortization	(40		
23 Other Medical and Hospital Services	(10,799,787)	(31,390,076)	77,751,347
24 Subtotal	77,727,759	227,983,504	328,798,777
25 Reinsurance Expense Net of Recoveries	••		1,760,123
LESS:			
26 Copayments	-	-	-
27 Subrogation			6,093
28 Coordination of Benefits			244
29 Subtotal	-	-	6,336
OO TOTAL MEDICAL AND HOODITAL	77 707 750	007 000 504	200 550 504
30 TOTAL MEDICAL AND HOSPITAL	77,727,759	227,983,504	330,552,564
Administration			
Administration	2 000 207	6.050.040	0 004 000
31 Compensation	2,099,297	6,358,313	9,881,839
32 Marketing	4,926	28,939	61,912
33 Interest Expense	4 000 000	92	44.045.000
34 Premium Tax Expense	1,668,283	3,305,799	11,245,609
35 Occupancy Depreciation and Amortization	129,440	389,013	858,581
36 Other Administration	(837,786)	(86,909)	7,995,175
37 TOTAL ADMINISTRATION	3,064,159	9,995,247	30,043,116
38 TOTAL EXPENSES	80,791,918	237,978,751	360,595,680
39 NET INCOME (LOSS)	1,485,345	5,587,020	8,188,759